



City of Colleyville
100 Main Street
Colleyville, TX 76034
Main: 817-503-1030

CERTIFICATE OF OCCUPANCY APPLICATION

CO

2020

Business Information	
Business Name:	Business Principle/Owner:
Business address:	Business Contact Person:
Business Phone:	Principle/Owner Cell Phone:
Email Address :	Business Contact Cell Phone:

Business Activity Description			
Type of C/O: <input type="checkbox"/> New occupancy <input type="checkbox"/> Change of ownership <input type="checkbox"/> Change of bus. name	Business Info: <input type="checkbox"/> # of employees _____ <input type="checkbox"/> square footage _____ <input type="checkbox"/> Bus. Hours: _____	Business Type: <input type="checkbox"/> Business Office <input type="checkbox"/> Medical Office <input type="checkbox"/> Retail Sales <input type="checkbox"/> Restaurant <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other: (describe) _____	<input type="checkbox"/> ** Beauty / Spa <input type="checkbox"/> Office-Warehouse

Check Yes or No to the following:

Yes No 1. A new sign will be erected or the existing sign will be altered (separate permit is required)

Yes No 2. The business space or portion thereof will be remodeled, renovated, or altered (permit is required unless exempted)

Yes No 3. The existing electrical system will be altered with new wiring, lighting, devices, or panelboards (permit required unless exempted)

Yes No 4. The existing plumbing system will be altered with new fixtures or drains or water lines (permit is required unless exempted)

Yes No 5. Alcoholic beverages will be available for pre-package sales or on-site consumption

Yes No 6. Food or beverages (for other than restaurants) will be manufactured, stored, distributed, sold, or prepared

Yes No 7. There will be outside storage of any of the following: goods, merchandise, raw materials, or company vehicles/equipment

Yes No 8. Waste water or sludge will be generated which requires pre-treatment or separators before discharge into the sewer system

Yes No 9. Flammable or combustible liquids be stored, used, mixed or dispensed at this location, other than for maintenance or for operation of equipment. If so, attach description and quantities and attach MSDS sheets.

Yes No 10. Hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, radiocative, explosive, and organic materials will be handled If so, attach description and quantities and provide MSDS sheets.

Yes No 11. One or more of the following industrial processes circled below will be performed on the premises

Manufacturing
 Treating
 Formulation/Mixing/Processing
 Vehicle Washing

Submit the following:

<input type="checkbox"/> Driver's License Copy of Business Principle/Owner	<input type="checkbox"/> Copy of Lease or Ownership of Business Space
<input type="checkbox"/> Business Plan (detailed narrative of business operations)	<input type="checkbox"/> State Sales Tax Certificate
<input type="checkbox"/> Floorplan of the space with all rooms labeled	** <input type="checkbox"/> Massage Establishments - Submit TDLR license(s)

Business Principle / Owner (Printed Name):	Business Principle / Owner Signature: